

**ROUTINE MEDICATIONS**  
See Reverse Side for Verifying Signatures

**ECTOR CTY LAW ENFORCEMENT CTR**

Key for Omission Recording  
S - Self Medication L - LOA N - NPO  
R - Refused O - Other H - Hold  
(Refer to Facility Policy)  
PRN EFFECTIVENESS  
E - Effective  
N - Nurse Notes

**INJECTION SITE**  
1. Thigh Left (Quadricep) 6. Abdomen RLQ  
2. Thigh Right (Quadricep) 7. Abdomen LUQ  
3. Arm Left (Deltoid) 8. Abdomen LLQ  
4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left  
5. Abdomen RUQ 10. Buttocks (Gluteus) Right

**PATCH SITE**  
11. Chest Left  
12. Chest Right  
13. Back Left  
14. Back Right

15. Arm Left  
16. Arm Right  
17. Ear, behind Left  
18. Ear, behind Right

Page 1  
Final

ALLOPURINOL TAB 100MG  
TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
0900																														

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br

COLCHICINE TAB 0.6MG  
TAKE 2 TABLETS (1.2MG) BY MOUTH  
FOR 1 DOSE, THEN TAKE 1 TABLET 1  
HOUR LATER IF FOR SYMPTOMS REMAIN.

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SIDE EFFECTS: Diarrhea; Nausea; Vomiting; Gastrointestinal Disease; Gout; Abdominal Pain; Abdominal Cramps; Fatigue;

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Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

21st 6002-2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL, CHARLES (432) 335-5333	11/01/20 - 11/30/20

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PenVeeK 500mg i tab PO  
tid x 10d

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6.12.20

Clindamycin 300mg i cap  
PO tid x 10d

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6.12.20

Ibuprofen 200mg IV tabs  
PO BID x 10d

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6.12.20

Claritin 10mg i tab PO  
qhs x 10d

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ECTOR COUNTY LAW ENFORCEMENT CENTER  
ODESSA, TEXAS  
TELEPHONE / PHYSICIAN ORDERS

INMATE:	SO #	DATE OF ORDER:
Garcia, Frank	75823	6.12.2020

ALLERGIES:	CELL:	DATE OF BIRTH:
shellfish	2151	██████.77

REASON FOR CALLING PROVIDER:

tooth infection - allergies

PROVIDERS PHONE ORDERS

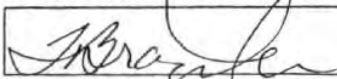
	Claritin 10mg i tab PO qhs X10d (Floor stock)
	Ibuprofen 200mg IV tabs PO BID X10d (Floor stock)
→	PenVeeK 500mg i tab PO tid X10d (#30)
→	Clindamycin 300mg i cap PO tid X10d (#30)

DISPOSITION

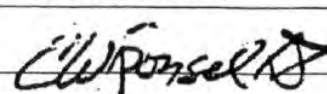
<input type="checkbox"/> SEE IN CLINIC	<input type="checkbox"/> SEND TO ER	OTHER: <u>PO</u>
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NURSE'S SIGNATURE AND NOTATION

DATE AND TIME

	6.12.2020 @ 1935
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PROVIDER'S SIGNATURE

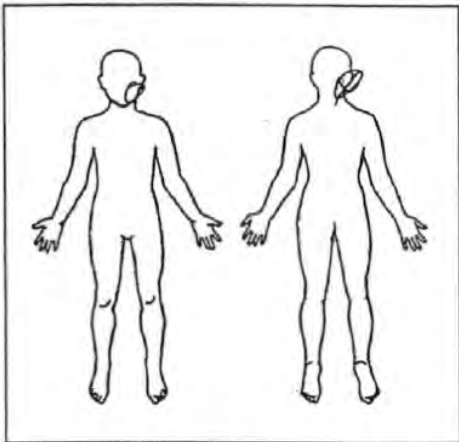

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# ECTOR COUNTY DETENTION CENTER NURSING ASSESSMENT

Name Garcia, Frank (M) F Date 6-12-2020  
SO # 75823 Cell# 2151 DOB 77 Allergies none

Chief Complaint (in patients own words) "toothache"

V.S.T. 97.5 P 103 R 18 B/P 125/70 LMP             
SpO2 99%



Injury / Wound / Rash  
Describe / Mark on Diagram

History of Complaint  
New onset             
Recurring             
Chronic           

(L) ↓ back tooth  
blackened &  
broken -  
gums swelling

## Physical Examination:

Mental Status: WNL, confused, disoriented, lethargic, slurred speech, other           

Eyes: WNL, reddened, swollen, dry, drainage, pupils, (R)            mm (L)            mm

Ears: WNL, hearing loss R/L, discharge, Bulging Tympanic Membrane,  
Dull Tympanic Membrane, Reddened, other           

Nose/ Sinuses: WNL, stuffiness, drainage, swollen turbinates, tenderness,  
deviated septum, other           

Mouth /Throat: WNL, sores, ulcers, redness, swelling, white patches,  
laceration, dental abscess, other           

Chest / Lungs: WNL, diminished, rales, rhonchi, wheezing, rub, SOB,  
productive cough, dry cough, other           

GI / GU: WNL, soft, flat, rounded, distended, firm, BS ⊕ x 4 Date of last BM today

Skin: WNL, flushed, rash, open wounds, acne, other           

Orthopedic: WNL, area affected           , ↓ ROM, swelling, discoloration,  
pulse present yes            no           , capillary refill 3 seconds

Nurses Notes: F/M presents c/ jaw pain - noted (L) ↓ back tooth  
blackened & broken gums swelling c/o pain - also noted  
sinus drainage starts only since tooth ach started having a/k/a

Intervention: W/O Perc Vial 500mg i tab PO tid x 10d & Clindamycin 300mg i  
cap PO tid x 10d - 1hr 200mg IV tabs PO BID x 10d & Claritin 10mg i  
tab PO qhs x 10d - send to see dentist states no family

Refer to Clinic: yes            no            MD order written yes            no           

Nurse Signature

Date

[Signature]

6-12-2020

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# ROUTINE MEDICATIONS

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## ECTOR CTY LAW ENFORCEMENT CTR

ALLOPURINOL TAB 100MG  
TAKE 1 TABLET BY MOUTH ONCE DAILY

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
0900	PP	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el
																			</											

SIDE EFFECTS: Gout; Renal Failure Syndrome; Nausea; Vomiting; Renal Insufficiency; Maculopapular Rash; Skin Rash; Br

COLCHICINE TAB 0.6MG  
TAKE 2 TABLETS (1.2MG) BY MOUTH  
FOR 1 DOSE, THEN TAKE 1 TABLET 1  
HOUR LATER IF FOR SYMPTOMS REMAIN.

10/10/19	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

SIDE EFFECTS: Diarrhea; Nausea; Vomiting; Gastrointestinal Disease; Gout; Abdominal Pain; Abdominal Cramps; Fatigue;

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30

Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet: 2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA,FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL,CHARLES (432)335-5333	04/01/20 - 04/30/20

Key for Omission Recording:  
S - Self Medication L - LQA N - NPO  
7 - Refused O - Other H - Held  
(Refer to Facility Policy)  
PRN EFFECTIVENESS  
E - Effective  
N - Nurse Notes

### INJECTION SITE

1. Thigh Left (Quadricep)
2. Thigh Right (Quadricep)
3. Arm Left (Deltoid)
4. Arm Right (Deltoid)
5. Abdomen RUQ
6. Abdomen RLQ
7. Abdomen LUQ
8. Abdomen LLQ
9. Buttocks (Gluteus) Left
10. Buttocks (Gluteus) Right

### PATCH SITE

11. Chest Left
12. Chest Right
13. Back Left
14. Back Right

15. Arm Left
16. Arm Right
17. Ear, behind Left
18. Ear, behind Right

Page 1  
Final

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0900	PB	el	el	PB	PB	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el	el

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Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet:

2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL, CHARLES (432) 335-5333	03/01/20 - 03/31/20

Key for Omission Recording:  
S - Self Medication L - LCA N - NPO  
R - Refused O - Other H - Held  
(\*Refer to Facility Policy)  
V - RN EFFECTIVENESS  
E - Effective  
N - Nurse Notes

INJECTION SITE  
1. Thigh Left (Quadricep) 6. Abdomen RLQ  
2. Thigh Right (Quadricep) 7. Abdomen LUQ  
3. Arm Left (Deltoid) 8. Abdomen LLQ  
4. Arm Right (Deltoid) 9. Buttocks (Gluteus) Left  
5. Abdomen RUQ 10. Buttocks (Gluteus) Right

PATCH SITE  
11. Chest Left  
12. Chest Right  
13. Back Left  
14. Back Right

15. Arm Left  
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17. Ear, behind Left  
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Diagnosis:

Allergies: Fish Allergy; Shellfish Allergy

Diet: 2151

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA, FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL, CHARLES (432) 335-5333	02/01/20 - 02/29/20

for Omission Recording:  
Left Medication L - LOA N - NPO  
Refused" O - Other" H - Held"  
("Refer to Facility Policy.")  
N - EFFECTIVENESS  
E - Effective  
N - Nurse Notes

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8. Abdomen LLQ  
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Allergies: Fish Allergy; Shellfish Allergy

Diet:

Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL, CHARLES (432) 335-5333	01/01/20 - 12/31/20

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0900	RA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA	PA

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Patient Name	Wing	Room	Sex	DOB	MR#	Physician Name	Period
GARCIA,FRANK (75823)	ECDC	1-A	M	1977		Dr. SPONSEL,CHARLES (432) 335-5333	12/01/19 - 12/31/19

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Page 1  
Final

**ECTOR COUNTY DETENTION CENTER  
MEDICATION DISTRIBUTION SIGN OFF SHEET**

MONTH Nov. YEAR 2019

New MAR Checked: \_\_\_\_\_

NAME: Garcia, Frank DOB: [REDACTED] 1977 SO: 75823 KEY CT - IN COURT NS - NOSHOWN R - REFUSED

ALLERGIES: Benadryl CELL# 2151

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Colchicine 1.2mg PO x 1 then Colchicine 0.6mg 1 <sup>st</sup> later if severe Date: 10/10/19 Int:	09:00	DIS																															
	12:00	DIS																															
	21:00	DIS																															
Allopurinol 100mg PO Qday Date: 10/10/19 Int:	09:00	DIS	AN	AN	AS	AS	PD	PD	AS	AN	AS	PD	PD	AS	AN	AS	PD	PD	AS	AN	AS	PD	PD	AS	AN	AS	PD	PD	AS	AN	AS		
	12:00	DIS																															
	21:00	DIS																															
Date: Int:	09:00	DIS																															
	13:00	DIS																															
Date: Int:	21:00	DIS																															
	09:00	DIS																															
	13:00	DIS																															
Date: Int:	21:00	DIS																															
	09:00	DIS																															
	13:00	DIS																															
Date: Int:	21:00	DIS																															

Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature
<u>J Chapman</u>	<u>JC Gorrals LVA</u>			

**ECTOR COUNTY DETENTION CENTER**  
**MEDICATION DISTRIBUTION SIGN OFF SHEET**

MONTH October YEAR 2009

New MAR Checked: \_\_\_\_\_

NAME: Garcia, Frank DOB: [REDACTED] SSN: 75823 KEY: \_\_\_\_\_ CT - IN COURT: \_\_\_\_\_ NS - NOSHAW: \_\_\_\_\_ R - REFUSED: \_\_\_\_\_

ALLERGIES: Penicillin CELL# 2151

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Colchicine 1.2mg po x1, then Colchicine 0.6mg 1 <sup>st</sup> later if 5x per week	07:00	DIS										AN																				
	12:00	DIS	for gout flare-up																													
	21:00	DIS																														
Date: 10/10/19 Int: AN Oleceprazole 100mg q po Qday	09:00	DIS																														
	13:00	DIS																														
	21:00	DIS																														
Date: Int:	09:00	DIS																														
	13:00	DIS																														
	21:00	DIS																														
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	21:00	DIS																														

Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature
		D. Velez		
				AN Rodriguez

## PROGRESS NOTES

INMATE Gascady, Frank SO # 75823 CELL # 215 DATE: 10/8/19

<b>MEDICATIONS</b>	<input checked="" type="checkbox"/> None	<b>ALLERGIES</b>	<input type="checkbox"/> None
		Penicillin.	

VITAL SIGNS: BP: 164/85 PULSE: 63/73 RESP: 20/20 TEMP: 98.1/97.8  
106/82 97.8

SUBJECTIVE: Age 46 (M) F (LMP 12/11) D.O.B. [REDACTED] 77.

At with long standing H/O gout, C/O rt. elbow and left ankle swelling + pain x 2-3 days. ~~Pre~~ Existing Illness/Injury

**OBJECTIVE:**

PE :- (Physical exam)

Ext: - left ankle - a tender, erythematous nodule with  
- rt. elbow - a tender, erythematous nodule <sup>but only</sup> <sub>sweaty</sub>

CV : RRR with no M/G/R

Resp: CTAB

**ASSESSMENT:**

① Gout flare up.      ② Constipation

PLAN: 1) Colchicine 1-2mg PO x 1, then 0.6mg 1hr later

2) Senna S PO BID PRN.

3) Uric acid level

4) CMP.

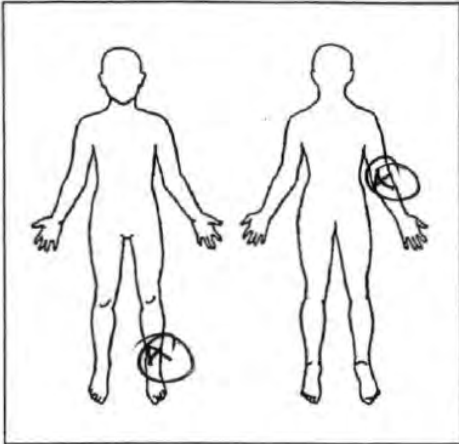
5)

**SIGNED:**

# ECTOR COUNTY DETENTION CENTER NURSING ASSESSMENT

Name Garcia, Frank. M / F M Date 10/8/19  
 SO # 75823 Cell# 2151 DOB ███-██-██ Allergies Penicillin  
 Chief Complaint (in patients own words) Swelling to elbow and ankle has  
had joint flare up in past.

V.S. T 98° P 63 R 20 B/P 164/85 LMP —  
 SpO2 98%



Injury / Wound / Rash  
 Describe / Mark on Diagram

Swelling at to ①  
Elbow and ②  
ankle.

History of Complaint

New onset —

Recurring X

Chronic —

## Physical Examination:

Mental Status: WNL, confused, disoriented, lethargic, slurred speech, other —

Eyes: WNL, reddened, swollen, dry, drainage, pupils, (R) — mm (L) — mm

Ears: WNL, hearing loss R/L, discharge, Bulging Tympanic Membrane,  
 Dull Tympanic Membrane, Reddened, other —

Nose/ Sinuses: WNL, stuffiness, drainage, swollen turbinates, tenderness,  
 deviated septum, other —

Mouth /Throat: WNL, sores, ulcers, redness, swelling, white patches,  
 laceration, dental abscess, other —

Chest / Lungs: WNL, diminished, rales, rhonchi, wheezing, rub, SOB,  
 productive cough, dry cough, other —

GI / GU: WNL, soft, flat, rounded, distended, firm, BS — Date of last BM —

Skin: WNL, flushed, rash, open wounds, acne, other —

Orthopedic: WNL, area affected —, ↓ ROM, swelling, discoloration,  
 pulse present yes — no —, capillary refill — seconds

Nurses Notes: Immunize presents with 2 edema to ① elbow and ② ankle  
states he has had joint flare ups in past- will refer to MD  
for meds.

Intervention: Refer to MD

Refer to Clinic: yes X no — MD order written yes — no X

Nurse Signature

[Signature]

Date

[Signature]  
10/8/19

**Patient Report**

Specimen ID: 284-452-0716-0  
Control ID: DC742224630

Acct #: 530

Phone: (432) 335-3560

Rte: 99

**GARCIA, FRANK**

ECDC

2500 South Hwy 385

ODESSA TX 79761

**Patient Details**

DOB: 1977  
Age(y/m/d): 042/00/29  
Gender: M SSN:  
Patient ID: 75823

**Specimen Details**

Date collected: 10/11/2019 0100 Local  
Date received: 10/12/2019  
Date entered: 10/12/2019  
Date reported: 10/12/2019 0813 ET

**Physician Details**

Ordering:  
Referring:  
ID: SPONSEL,C  
NPI:

**Ordered Items**

Comp. Metabolic Panel (14); Uric Acid

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Comp. Metabolic Panel (14)</b>					
Glucose	83		mg/dL	65 - 99	01
BUN	8		mg/dL	6 - 24	01
<b>Creatinine</b>	<b>0.61</b>	<b>Low</b>	mg/dL	0.76 - 1.27	01
eGFR If NonAfricn Am	123		mL/min/1.73	>59	
eGFR If Africn Am	142		mL/min/1.73	>59	
BUN/Creatinine Ratio	13			9 - 20	
Sodium	140		mmol/L	134 - 144	01
Potassium	4.9		mmol/L	3.5 - 5.2	01
Chloride	100		mmol/L	96 - 106	01
Carbon Dioxide, Total	26		mmol/L	20 - 29	01
Calcium	9.9		mg/dL	8.7 - 10.2	01
Protein, Total	7.6		g/dL	6.0 - 8.5	01
Albumin	4.9		g/dL	3.5 - 5.5	01
Globulin, Total	2.7		g/dL	1.5 - 4.5	
A/G Ratio	1.8			1.2 - 2.2	
Bilirubin, Total	0.5		mg/dL	0.0 - 1.2	01
Alkaline Phosphatase	107		IU/L	39 - 117	01
AST (SGOT)	19		IU/L	0 - 40	01
ALT (SGPT)	16		IU/L	0 - 44	01

**Uric Acid**

Uric Acid

Please Note:

6.5

mg/dL

3.7 - 8.6

01

Therapeutic target for gout patients: <6.0

01  
supp  
diagnos  
of  
gout

01 DA LabCorp Dallas  
7777 Forest Ln Bldg C350, Dallas, TX 75230-2544

Dir: CN Etufugh, MD

For inquiries, the physician may contact Branch: 432-681-8150 Lab: 972-598-6000

Date Issued: 10/14/19 0936 ET

**FINAL REPORT**

Page 1 of 1

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## ECDC CHEMISTRY SERVICES

2500 South Hwy 1  
ODESSA TX 79761To find the nearest patient  
service center, visit www.  
labcorp.com or call 888-  
LABCORP (888-522-2677).

<input type="checkbox"/> Fax	Send additional copy of report to:
<input type="checkbox"/> Call	Client Name: _____
<input type="checkbox"/> Mail	Physician's Name: _____
	Phone/Fax Number: _____
	City, State, Zip: _____

0800.38

DC742224630 DC742224630 DC742224630  
DC742224630 DC742224630 DC742224630TRCLE ONE  
770512204-VALENZUEL, PHECK ONE  
311 ACCOUNT BILL

DC742224630

PAID, FRANK

Patient's Legal Name (Last, First, MI) <b>Garria, Frank</b>		Sex <b>M</b>	Date of Birth <b>11/11/14</b>	Collection Time <b>01:00</b>	Fasting <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Collection Date <b>10/11/14</b>	Urine hrs/vol hrs _____ vol _____
NPI	Physician's ID # <b>00175823</b>	Patient's ID # <b>00175823</b>		Hospital Patient Status: <input type="checkbox"/> In-Patient <input type="checkbox"/> Out-Patient <input type="checkbox"/> Non-Patient			
Physician's Name (Last, First) <b>Sponer, Charles</b>		Physician/Authorized Signature		Patient's Address <b>ECDC</b>		Phone State _____ ZIP _____	
Diagnosis/Signs/Symptoms in ICD-CM format in effect at Date of Service <b>Highest Specificity REQUIRED</b> <b>Gout</b>							
PRIMARY BILLING PARTY				SECONDARY BILLING PARTY			
Insurance Carrier *				Insurance Carrier *			
ID #				ID #			
Group #				Group #			
Insurance Address				Insurance Address			
Name of Insured Person				Name of Insured Person			
Relationship to Patient				Relationship to Patient			
Employer Name				Employer Name			
*If Medicaid State				Physician's Provider # _____ Workers Comp <input type="checkbox"/> Yes <input type="checkbox"/> No			

Address of Policy Holder \_\_\_\_\_ APT # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

I hereby authorize the release of medical information related to the service described herein and authorize payment directly to LabCorp. I agree to assume responsibility for payment of charges for laboratory services that are not covered by my healthcare insurer.

X Patient's Signature \_\_\_\_\_ Date \_\_\_\_\_

**MEDICARE ADVANCE BENEFICIARY NOTICE OF NONCOVERAGE (ABN)**  
Refer to Determining Necessity of ABN Completion on reverse.

## OTHER TESTS/INDIVIDUAL PROFILE COMPONENTS

confirmation # 9284NCU

INDIVIDUAL COMPONENTS OF TEST COMBINATIONS / PROFILES LISTED IN THE SECTION ABOVE CAN BE ORDERED BELOW

LABCORP USE ONLY	STAT	VENIPUNCTURE	NON LABCORP	VERBAL ORDER	CHART ORDER	HANDWRITTEN	24 HR TUV	PST/PC #
998074		998085	998249	998250	998251	998272	998273	

ORGAN OR DISEASE PANELS See reverse for components			ALPHABETICAL/COMBINATION TESTS CONT			ALPHABETICAL/COMBINATION TESTS CONT		
322744	Acute Hepatitis Panel	80074 GEL	001016	Calcium	82310 GEL	001537	Magnesium	83735 GEL
322758	Basic Metabolic Panel (8)	80048 GEL	006627	C-Reactive Protein (CRP), Quant	86140 GEL	006189	Mononucleosis Test, Qual	86308 GEL
322000	Comp Metabolic Panel (14)	80053 GEL	120766	hsCardiac C-Reactive Protein (CRP)	86141 GEL	884247	NMR LipoProfile®	80081 GEL
303754	Electrolyte Panel	80051 GEL	007419	Carbamazepine (Tegretol®)	80156 SER	007823	Phenobarbital (Luminal®)	80184 SER
322755	Hepatic Function Panel (7)	80076 GEL	002139	CEA	82378 GEL	007401	Phenytoin (Dilantin®)	80185 SER
140301	Kidney Profile	82043 GEL	001065	Cholesterol, Total	82465 GEL	001024	Phosphorus	84100 GEL
303756	Lipid Panel	80061 GEL	001370	Creatinine	82565 GEL	001180	Potassium	84132 GEL
235010	Lipid Panel w/LDL:HDL Ratio	80061 GEL	009400	Diabetes Risk - Asymptomatic Adults	82947 GEL	004465	Prolactin	84146 GEL
221010	Lipid Panel w/TG:HDL Ratio	80061 GEL	023400	Diabetes Comorbidity Assessment	80061, 82565, 82570, 82043 GEL	010322	PSA	84153 GEL
343925	Lipid Panel w/HDL Cholesterol	80061 GEL	007385	Digoxin (Lanoxin®)	80162 GEL	480947	PSA, Free: Total Ratio*	84153 GEL
361946	Lipid Cascade	see reverse GEL	004515	Estradiol	82670 GEL	005199	Prothrombin Time (PT)/INR	85610 GEL
363676	Lipid Cascade with Pfr to April See Reverse	80061 GEL	004598	Ferritin	82728 GEL	020321	PT and PTT Activated	85610 GEL
322777	Renal Function Panel	80069 GEL	028480	FSH and LH	83001 GEL	005207	PTT Activated	85730 GEL
HEMATOLOGY			001958	GGT	82977 GEL	182879	QuantiferON®-TB Gold Plus	86480 KIT
005009	CBC w Diff w Pfr	85025 LAV	001818	Glucose, Plasma	82947 GEL	006502	Rheumatoid Arthritis Factor	86431 GEL
028142	CBC w/o Diff w Pfr	85027 LAV	001032	Glucose, Serum	82947 GEL	006072	RPR	86592 GEL
005058	Hematocrit	85014 LAV	004556	HCG, Beta Subunit, Qual (Serum Pregnancy)	84703 GEL	006197	Rubella Antibodies, IgG	86762 GEL
005041	Hemoglobin	85018 LAV	004416	hCG, Beta Subunit, Quant	84702 GEL	005215	Sed Rate, Westergren	85652 LAV
005249	Platelet Count	85049 LAV	001925	HDL Cholesterol	83718 GEL	001198	Sodium	84295 GEL
005033	RBC Count	85041 LAV	001453	Hemoglobin A1c	83036 LAV	004226	Testosterone, Total	84403 GEL
005025	WBC Count	85048 LAV	006734	Hep A Antibody, IgM	86709 GEL	070001	Testosterone Women/Children	84403 GEL
015173	Differential/Total WBC Count	85048 LAV	006395	Hep B Surface Antibody	86706 GEL	007336	Theophylline	80198 SER
ALPHABETICAL/COMBINATION TESTS			006510	Hep B Surface Antigen	87340 GEL	330015	Thyroid Cascade Profile	see reverse GEL
006049	ABO and Rh	see reverse GEL	144050	HCV Ab w/Rf to Quant RT-PCR	86803 GEL	001149	Thyroxine (T <sub>4</sub> )	84436 GEL
001081	Albumin	82040 GEL	083935	HIV-1/0/2, 4th Generation	87389 GEL	001974	Thyroxine (T <sub>4</sub> ), Free	84439 GEL
001107	Alkaline Phosphatase	84075 GEL	180836	H pylon Urea Breath	83013 GEL	082345	T. pallidum Screening Cascade	see reverse GEL
001545	ALT (SGPT)	84460 GEL	180764	H pylon Stool Antigen	87338 GEL	001172	Triglycerides	84478 GEL
001396	Amylase	82150 GEL	001321	Iron and IBC	83540 GEL	002188	Triiodothyronine (T <sub>3</sub> )	84480 GEL
164855	Antinuclear Antibodies	86038 GEL	001115	LDH	83615 GEL	001156	T <sub>3</sub> Uptake	84479 GEL
001123	AST (SGOT)	84450 GEL	007708	Lithium (Eskalith®)	80178 GEL	004259	TSH, 3rd generation	84443 GEL
000810	B <sub>12</sub> and Folate	see reverse GEL				001057	Uric Acid	84550 GEL
001099	Bilirubin, Total	82247 GEL				003038	Urinalysis	81003 GEL
001040	BUN	84520 GEL				081950	Vitamin D, 25-Hydroxy	82306 GEL

WHICH ADDITIONAL TESTS FOR WHICH MEDICARE OR MEDICAID REIMBURSEMENT WILL BE SOUGHT. PHYSICIANS SHOULD ONLY ORDER TESTS THAT ARE MEDICALLY NECESSARY FOR THE DIAGNOSIS OR TREATMENT OF THE PATIENT. ADDITIONAL TESTS MAY BE ORDERED SEPARATELY PER CARRIER POLICY.

**ECTOR COUNTY DETENTION CENTER  
REQUEST FOR SICK CALL**

NAME Frank L Garcia SO # 75823

CELL BLOCK 2151 DATE 10-7-19

Inmate needs to be seen by:

☒ Medical (\$10.00) ☐ Unscheduled Nurse (\$10.00) ☒ Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Elbow and Ankle  
swelling

Signed: [Signature]

Inmate's request was received at Nurse's office

Date: 10/8/19 By: Tim

Action Taken: Ref to MD

MD nurse  
Distribution:  
White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

**ECTOR COUNTY DETENTION CENTER  
REQUEST FOR SICK CALL**

NAME Frank Garcia SO # 7592

CELL BLOCK 2151 DATE Sept 11/19

Inmate needs to be seen by:

☐ Medical (\$10.00) ☐ Unscheduled Nurse (\$10.00) ☐ Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Cori recordment that  
I see LL doctor at MD  
Swollen elbow. It placed  
Signed: [Signature] MD 9/19/19

Inmate's request was received at Nurse's office

Date: 9/9/19 By: EM

Action Taken: It advised elbow better  
Verbalized understanding to return

needed. - EM  
Distribution:  
White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

**ECTOR COUNTY DETENTION CENTER  
REQUEST FOR SICK CALL**

NAME Frank L Garcia SO # 75823  
CELL BLOCK 2151 DATE 12-16-20

Inmate needs to be seen by: no charge

☐ Medical (\$10.00) ☐ Unscheduled Nurse (\$10.00) ☐ Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

M.H.M.R. 2013-H was on meds also  
checked into Behavioral center  
Having trouble sleeping and having anxiety.

Signed: [Signature]

Inmate's request was received at Nurse's office

Date: 12.17.2020 By: JS

Action Taken: Met E I/M - Referred to  
Coping Skills via Kisha to reg. talking  
E.B.H. if coping skills ineffective - then added  
to Telehealth referral list.

**ECTOR COUNTY DETENTION CENTER  
REQUEST FOR SICK CALL**

NAME Frank L Garcia SO # 75823

CELL BLOCK 2151 DATE 6-11-20

Inmate needs to be seen by:

☐ Medical (\$10.00) ☐ Unscheduled Nurse (\$10.00) ☒ Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Toothache

Signed: Frank L. Garcia

Inmate's request was received at Nurse's office

Date: 6.12.2020 By: JS

Action Taken: Orders

Distribution: White - Nurse's office  
Canary - Medical Staff/Billing

**ECTOR COUNTY DETENTION CENTER  
MEDICATION DISTRIBUTION SIGN OFF SHEET**

MONTH Sept YEAR 2019

New MAR Checked: \_\_\_\_\_

NAME: Garcia, Frank DOB: 177 SO: 75823

KEY CT - IN COURT NS - NOSHAW R - REFUSED

ALLERGIES: NKDA

CELL# 2151

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<u>Bactrim</u> <u>DS - 800/80</u> <u>XID 10/10/19</u> Date: <u>9-1-19</u> Int: <u>PM</u>	09:00 DIS	X	AN	AN	AN	PB	AN	AN	AN	AN	AN	AN	X																			
	13:00 DIS																															
	21:00 DIS	X	PB	NO	NO	NO	NO	NO	NO	NO	NO	NO	X																			
<u>Thupriden</u> <u>200mg TID</u> <u>10/10/19</u> Date: <u>9-1-19</u> Int: <u>PM</u>	09:00 DIS	X	AN	AN	AN	PB	AN	AN	AN	AN	AN	AN	X																			
	13:00 DIS																															
	21:00 DIS	X	NO	PB	PB	NO	NO	NO	NO	PB	PB	NO	NO	X																		
Date: _____ Int: _____	09:00 DIS																															
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Date: _____ Int: _____	09:00 DIS																															
	13:00 DIS																															
	21:00 DIS																															

60 x 0.30 = 18.00

Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature
<u>Pamela Rios</u>				

ECTOR COUNTY LAW ENFORCEMENT CENTER  
ODESSA, TEXAS  
TELEPHONE / PHYSICIAN ORDERS

INMATE: SO # DATE OF ORDER:  
Garcia, Frank 75823 09/01/2019

ALLERGIES: CELL: DATE OF BIRTH:  
NILDA 2151 [REDACTED] 12/77

REASON FOR CALLING PROVIDER:

Has Rt elbow cellulitis warm to touch

PROVIDERS PHONE ORDERS

Bactrim DS : PO BID x10days  
Ibuprofen 200mg IV po BID x10days (Pleur stock)

DISPOSITION

☐ SEE IN CLINIC ☐ SEND TO ER ☒ OTHER: per protocol

NURSE'S SIGNATURE AND NOTATION

DATE AND TIME

Amalia Bustillo RN 09/01/2019  
KAT

PROVIDER'S SIGNATURE

Ch. Fongse

# Unscheduled Medical Visit

☐ Code Blue

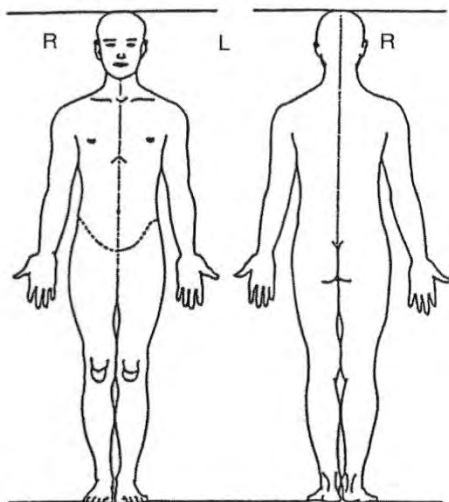
☐ Officer/Administration

☐ Rec Injury

☐ Fight

Name Garcia, Frank SO# 75823 Date/Time 09/10/19

Reason for visit: Rt Elbow pain (possible gout)



Injury Description:

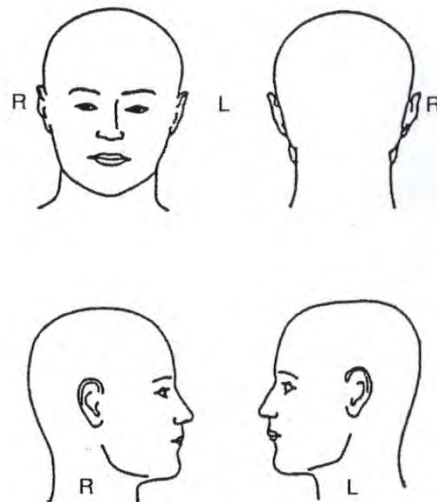
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



Seizure: Approx Length: \_\_\_\_\_ HX of seizures Yes \_\_\_\_\_ No \_\_\_\_\_

Meds Prescribed \_\_\_\_\_ Compliant with Meds Yes \_\_\_\_\_ No \_\_\_\_\_

Narrative Note: Cellulitis to Rt elbow area warm to touch X 2 days. Has Dx gout

Intervention: Bactrim DS : po BID x 10 days  
Ibuprofen 200mg tid po BID x 10 days

Disposition: ER \_\_\_\_\_ MHMR Referral \_\_\_\_\_ MD Clinic \_\_\_\_\_

Pamela Perdis 9-1-19 2140  
 Nurse Signature Date/Time

Chen

**ECTOR COUNTY LAW ENFORCEMENT CENTER  
PROGRESS NOTES**

INMATE Garcia, Frank SO # 75823 CELL # 251 DATE: \_\_\_\_\_

<b>MEDICATIONS</b> <input type="checkbox"/> None	<b>ALLERGIES</b> <input checked="" type="checkbox"/> None
<u>Bactrum DS po BID x 10 days</u>	
<u>ODupron 600mg po BID PRN</u>	

**VITAL SIGNS:** BP: \_\_\_\_\_ PULSE: \_\_\_\_\_ RESP: \_\_\_\_\_ TEMP: \_\_\_\_\_

<b>SUBJECTIVE:</b> Age <u>41</u> M F (LMP <u>N/A</u> ) D.O.B. <u>9/12/77</u>
<u>Elbow swelling, tx x2 c Bactrum DS, recurring</u>
<input type="checkbox"/> Pre Existing Illness/Injury

<b>OBJECTIVE:</b> <u>pt seen by Medical, sts his arm is</u> <u>feeling better, no swelling noted. pt advised to</u> <u>return to Medical if symptoms return—</u> <u>Emeryard, LW</u>
---

<b>ASSESSMENT:</b>

<b>PLAN:</b> 1)	
2)	
3)	
4)	
5)	

<b>SIGNED:</b>
----------------

# PHARMACY UNLIMITED

*Your Partner in Patient Care*

12801 Wetmore Rd. • San Antonio, TX 78247  
1-877-544-1919 • Fax 432-333-1916

## ER/Tray WITHDRAWALS

FACILITY: ECLC

PATIENT NAME: Garcia, Frank

DOCTOR: Sponsel, C

NURSE: Hodkins

DATE: 8/22/19

DRUG & QUANTITY: Bactrum DS

DRUG & QUANTITY: \_\_\_\_\_

DRUG & QUANTITY: \_\_\_\_\_

ORDER FAXED TO PHCY BY: \_\_\_\_\_

WHITE COPY: PATIENT CHART  
YELLOW COPY: PHARMACY

ECTOR COUNTY LAW ENFORCEMENT CENTER  
ODESSA, TEXAS  
TELEPHONE / PHYSICIAN ORDERS

INMATE:	SO #	DATE OF ORDER:
Garcia, Frank	75823	8/15/19

ALLERGIES:	CELL:	DATE OF BIRTH:
NKA	2151	██████ 77

REASON FOR CALLING PROVIDER:

infection vs. Gout
↑ BP

PROVIDERS PHONE ORDERS

Pactrum DS i po BID x 10 days
Ibuprofen 200mg iii po BID x 10 days - floor stock
BP monitoring QAM x 5 days - if T refer
to MD, if WOL dc

DISPOSITION

<input type="checkbox"/> SEE IN CLINIC	<input type="checkbox"/> SEND TO ER	<input checked="" type="checkbox"/> OTHER:
--	-------------------------------------	--

NURSE'S SIGNATURE AND NOTATION

DATE AND TIME

A. Hodgkins	8/15/19 1245
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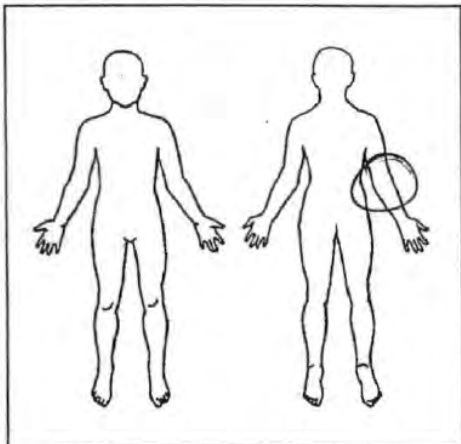
PROVIDER'S SIGNATURE

W. Ponsel
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# ECTOR COUNTY DETENTION CENTER NURSING ASSESSMENT

Name Garcia, Frank (M/F) 8/15/19  
 SO # 75823 Cell# 2151 DOB 1/17 Allergies NKA  
 Chief Complaint (in patients own words) Swollen elbow

V.S. T 98.6 P 85 R 20 B/P 148/90 LMP N/A  
 Placed on BP monitoring SpO2 100%



Injury / Wound / Rash

Describe / Mark on Diagram

Swollen (R)  
elbow

History of Complaint

New onset ☒

Recurring ☐

Chronic ☐

## Physical Examination:

Mental Status: WNL confused, disoriented, lethargic, slurred speech, other \_\_\_\_\_

Eyes: WNL reddened, swollen, dry, drainage, pupils, (R) 3 mm (L) 3 mm

Ears: WNL hearing loss R/L, discharge, Bulging Tympanic Membrane,

Dull Tympanic Membrane, Reddened, other \_\_\_\_\_

Nose/ Sinuses: WNL stuffiness, drainage, swollen turbinates, tenderness,  
 deviated septum, other \_\_\_\_\_

Mouth /Throat: WNL sores, ulcers, redness, swelling, white patches,  
 laceration, dental abscess, other \_\_\_\_\_

Chest / Lungs: WNL diminished, rales, rhonchi, wheezing, rub, SOB,  
 productive cough, dry cough, other \_\_\_\_\_

GI / GU: WNL soft, flat, rounded, distended, firm, BS hyper Date of last BM 8/14/19

Skin: WNL flushed, rash, open wounds, acne, other \_\_\_\_\_

Orthopedic: WNL, area affected (L) elbow, (ROM) swelling, discoloration,  
 pulse present yes ☒ no ☐, capillary refill < 3 seconds

Nurses Notes: (R) elbow c warmth et tenderness, ↓ Rom @ this time.

Inmate states he q gout. & wounds noted on skin @ this time,  
skin intact. Inmate c difficulty c mvmt.

Intervention: Placed on bacitracin DS i po BID x 10 days; Ibuprofen  
200mg i po BID x 10 days - Encouraged to notify staff on Sunday  
if swelling persist to be seen by MD on Monday

Refer to Clinic: yes ☐ no ☒ MD order written yes ☒ no ☐

Nurse Signature

L. Hadgundz

Date

8/15/19 1245

ECTOR COUNTY DETENTION CENTER

BLOOD PRESSURE MEDICATION AGREEMENT

I, Frank Garcia, SO# 75823

have been placed on blood pressure checks to treat the diagnosis of, or determine the diagnosis of Hypertension. I understand that the MD at Ector County Detention Center will review my readings after 5 days and determine the need for medications. If it is determined that I need to be treated for Hypertension, I understand that the MD will order medications without seeing me. If I wish to see the MD, I will inform the nurse and I understand that I will be charged the \$10.00 fee for the MD. If at any time the MD request a medication change I understand that I will not see the MD for this. I further agree to the nurses ordering medications deemed necessary by the MD from the pharmacy and having it charged to my commissary account. I agree to abide by the policy of Ector County Detention Center medical and report to medical for my blood pressure checks when called by the Medical Department. I understand that I have the right to refuse my blood pressure medications and if I do refuse I will be taken off of blood pressure checks. I will be required by law to sign a refusal.

Signature

[Signature]

Witness

Date

8-15-19

Date

[Signature]

**ECTOR COUNTY DETENTION CENTER  
MEDICATION DISTRIBUTION SIGN OFF SHEET**

MONTH Aug YEAR 2019

New MAR Checked: \_\_\_\_\_

NAME: Garcia, Frank

DOB: [REDACTED]

SO: 75823

KEY

CT - IN COURT

NS - NOSHOW

R - REFUSED

ALLERGIES: NKA

CELL# 2151

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Bactrum OS 1 po BID x 10 days Date: 8/15/19 Int: <u>PH</u>	09:00	DIS																														
	13:00	DIS																														
	21:00	DIS																														
Obuprofen 320mg iii po BID x 10 days Date: 8/15/19 Int: <u>PH</u>	09:00	DIS																														
	13:00	DIS																														
	21:00	DIS																														
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Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature	Initials and Signature
			<u>PH</u>	<u>PH</u>
			<u>PH</u>	<u>PH</u>

[illegible]

GARCIA, Frank  
ECTOR COUNTY DETENTION CENTER  
REQUEST FOR SICK CALL

NAME Frank Garcia SO # 75823

CELL BLOCK 2151 DATE 6-14-19

Inmate needs to be seen by:

☒ Medical (\$10.00) ☐ Unscheduled Nurse (\$10.00) ☒ Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

swollen elbow

Signed: [Signature]

Inmate's request was received at Nurse's office

Date: 8/15/19 By: [Signature]

Action Taken: order

Distribution:

White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

8/14/19 MD

ECTOR COUNTY DETENTION CENTER  
REQUEST FOR SICK CALL

NAME Frank Garcia SO # 75823

CELL BLOCK 2112 DATE 7-11-19

Inmate needs to be seen by:

☒ Medical (\$10.00) ☐ Unscheduled Nurse (\$10.00) ☐ Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Shoulder out of place  
Hospital visit please

Signed: [Signature]

Inmate's request was received at Nurse's office

Date: 7-18-19 By: PC

Action Taken: Placed on MD clinic

Distribution:

White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

7/11/19  
0900  
JH

**ECTOR COUNTY DETENTION CENTER  
REQUEST FOR SICK CALL**

NAME Frank Garcia SO # 75823

CELL BLOCK 212 DATE 7-10-19

Inmate needs to be seen by:

☒ Medical (\$10.00) ☐ Unscheduled Nurse (\$10.00) ☒ Nurse (\$5.00)

Inmate understands that charges for office visits and medications may be associated with sick call or dental visits and that medical visits may be delivered by a physician, a nurse practitioner, or a physician's assistant. Explain your need for request:

Need to go to hospital  
shoulder out of place

Signed: [Signature]

7-10-19 PJB  
Inmate's request was received at Nurse's office

Date: 7/13/19 By: JH

7- Action Taken: problem resolved

Distribution:

White - Nurse's Office • Canary - Medical Staff/Billing • Pink - To Inmate

**ECTOR COUNTY DETENTION CENTER  
MEDICATION DISTRIBUTION SIGN OFF SHEET**

MONTH July YEAR 2019

New MAR Checked: \_\_\_\_\_

NAME: Garcia, Frank DOB: [REDACTED] SO: 75823 KEY CT - IN COURT NS - NOSHAW R - REFUSED  
ALLERGIES: NKA CELL# 212

MEDICATION	TIME	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Tylenol 500mg BID PRN x 10 days Date: 7/18/19 Int: <u>HN</u> See pack to <u>DO</u> Shoulder BID PRN x 3 days Date: 7/18/19 Int: <u>HN</u>	09:00	DIS																														
	12:00	DIS																														
	21:00	DIS																														
	09:00	DIS																														
	12:00	DIS																														
	21:00	DIS																														
Date: _____ Int: _____	09:00	DIS																														
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Date: _____ Int: _____	09:00	DIS																														
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			<u>Emmery, CW</u>	
				<u>RH Haddaway</u>

114.30 = 330

330

ECTOR COUNTY LAW ENFORCEMENT CENTER  
PROGRESS NOTES

INMATE Garcia, Frank SO # 75823 CELL # 2112 DATE: 7-19-19

MEDICATIONS <input type="checkbox"/> None	ALLERGIES <input type="checkbox"/> None
<u>Off med cort</u>	<u>NKDA</u>

VITAL SIGNS: BP: 122/76 PULSE: 74 RESP: 20 TEMP: 98.2

SUBJECTIVE: Age 42 (M) F (LMP N/A) D.O.B. 09/12/77  
was in mva lt shoulder pain 7-8 on pain  
Scale Tylenol not working ☐ Pre Existing Illness/Injury

OBJECTIVE:

R. Shoulder mild tender to Palpation  
ROM intact; No erythema or Swelling

ASSESSMENT:

R. Shoulder Pain

PLAN: 1) Tylenol 500 mg BID PRN for Pain

2) Ice packs PRN to R Shoulder

3)  

4)  

5)  

SIGNED: SB Fole Choncel 7/18/19